

L21000383958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

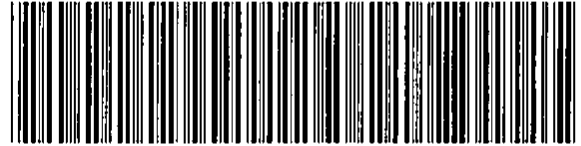
(Business Entity Name)

(Document Number)

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CLERK OF COURT
DIVISION OF CLERK OF COURT

RECEIVED
09/01/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Passed Time LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Martin Chambers, Sr.
Name of Person

Passed Time LLC
Firm/Company

294 Grove Lane
Address

Freeport, FL 32439
City/State and Zip Code

osephmartinchambers@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Chambers at (303) 378-2870
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

2023 SEP - 1 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
submits the following statement in order to change its registered office or registered agent, or both, in the State of
Florida.

Name of the limited liability company:

Passed Time, LLC

(a) 29

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

294 Grove Lane
Freeport, FL 32439

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SAME

8/27/2021

Date of filing/registration in Florida

4.

L 2100038958

Document number

(a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Zenbusiness Inc. Bill Hovre

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

336 E. College Ave Suite 301
Tallahassee, FL 32301

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Joseph Martin Chambers, Sr.

NEW Registered Office Address:

294 Grove Lane
Freeport, FL 32439

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.

Joseph Martin Chambers, Sr.

Signature of a member or authorized representative of a member

J Martin Chambers, Sr.

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified in writing of this change.

Joseph Martin Chambers, Sr.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2023 SEP - 1 PM 12:40

DIVISION OF CORPORATIONS